

Commonwealth of Virginia  
Department of Social Services

Worker Name \_\_\_\_\_  
Worker Telephone \_\_\_\_\_  
Worker FAX \_\_\_\_\_

### CHILD CARE PROVIDER RATE VERIFICATION

#### PART I

\_\_\_\_\_  
Name Social Security Number/Fed ID#

\_\_\_\_\_  
Address Telephone

Hours of Operation \_\_\_\_\_ Days of Operation \_\_\_\_\_

Regulated \_\_\_\_ Unregulated \_\_\_\_ If Unregulated, Provide Date of Birth: \_\_\_\_\_

#### PART II

#### DESCRIPTION OF SERVICES

Total Annual Registration Fee(s): \$ \_\_\_\_\_

RATES	Hourly	Daily	Weekly	Monthly	Before School	After School	Before And After School
Infant	\$	\$	\$	\$	\$	\$	\$
Toddler	\$	\$	\$	\$	\$	\$	\$
Preschool	\$	\$	\$	\$	\$	\$	\$
School-Age	\$	\$	\$	\$	\$	\$	\$

#### PART III

No payment can be made until all required provider documentation is received by and approved by the Department of Social Services.

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

#### PART IV

#### OFFICIAL USE ONLY

Regulated \_\_\_\_\_ Applicable Maximum Reimbursable Rate:

Unregulated \_\_\_\_\_ Rate(s) (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_